

**CITIZEN COMMENT/COMPLAINT**(PLEASE TYPE OR PRINT CLEARLY)

SBOC-ADM-4029 (Rev. 5/01)

**PLEASE READ:** Please use a separate form for each comment/complaint. Mail the completed form to: Victim Compensation and Government Claims Board, Public Affairs and Communications Section, P.O. Box 48, Sacramento, California 95812-0048. Thank you!

Name of Person Filing Comment/Complaint		Telephone Number (      )	
Agency or Organization (if applicable)		E-Mail Address	
Mailing Address	City	State	Zip Code
Which Division/Program is this comment/complaint about?		Name of Person with Whom You Dealt (if known)	
<input type="checkbox"/> ADMINISTRATION <input type="checkbox"/> QUALITY ASSURANCE & REVENUE RECOVERY		Date & Time of Contact	
<input type="checkbox"/> VICTIMS CLAIM PROCESSING <input type="checkbox"/> GOVERNMENT CLAIMS			

Describe the facts and circumstances of your comment or complaint. Please be specific and include details such as who, what, when, how, etc.

Do you wish to remain anonymous? (If you wish to remain anonymous, we may not be able to address your specific issue(s). Every effort, however, will be made to do so without revealing your identity.) ☐ YES ☐ NO

Signature	Date
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